early intervention
supporting families and child development

Early Intervention Referral for Special Education

To: _____ Referral Date: _____

_____ School Department: _____

_____ RE: _____

The child named above receives services from _____.

The Service Coordinator working with this family is _____ and can be reached at _____. The Service Coordinator will be calling you to schedule an appointment for the Transition Planning Meeting. At this time the Individual Transition Plan will be developed.

Along with the information provided to you below I have attached the following documents for your review:

- ❑ Release of Information
- ❑ Individualized Family Service Plan (IFSP)
- ❑ Developmental Assessment Report
- ❑ Progress Report(s)
- ❑ Other: _____

Child's Information:

Child: _____ DOB: ____/____/____ ID# _____

Gender: M F Reason for Referral: _____

_____

Parent/ Guardian's Name: _____ Tel: _____

Address: _____
(Street) (City) (State) (Zip code)

Parent/ Guardian's Name: _____ Tel: _____

Address: _____
(Street) (City) (State) (Zip code)

Family's Primary Language: _____ Interpreter Needed: Y N
Transportation Needed: Y

❑ I give consent to refer my child to the local school system in which we reside, along with the release of information as checked off above. I understand that this consent is valid for one year from the date signed, and because it is voluntary consent it may be revoked at any time with a written revocation.

❑ I decline making a referral for my child

_____ _____
Parent/Guardian Signature Date